

## General Permit for Medium Farm Operations (MFO GP)

### Appendix F: Nutrient Management Report

This Nutrient Management Report must be submitted by April 30 every year, to the address below.

#### **I. OWNER/OPERATOR INFORMATION**

Owner name: \_\_\_\_\_ Farm/Business Name: \_\_\_\_\_

#### **II. CROP INFORMATION**

Provide the following information for each field: Tract number, field number, acreage, previous year's crop, and previous year's crop yield

#### **III. SOIL LOSS INFORMATION**

Provide the following information for each field: Tract number, field number, HEL determination, and planned soil loss and previous soil loss as determined using RULSLE2.

#### **IV. MANURE AND WASTE APPLICATIONS**

Provide the following information for each field: Tract number, field number, and date(s), source and application rate (tons or gallons/acre).

#### **V. FERTILIZER APPLICATIONS**

Provide the following information for each field: Tract number, field number, and date(s), formulation and application rate (lbs/acre).

#### **VI. WASTE TEST RESULTS**

Attach a laboratory analysis of waste for each storage structure on farm.

#### **VII. SOIL TEST RESULTS**

Attach a current laboratory analysis of soil for each field. Soil tests 3 years old or newer are considered to be current. Soil analysis must be performed with Modified Morgan extractant.

#### **VIII. OWNER/OPERATOR CERIFICATION**

I certify that the information contained in this Nutrient Management Report is, to the best of my knowledge and belief, true, accurate and complete, and I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**A complete and accurate Nutrient Management Report must be submitted by April 30 every year to:**

Medium Farm Operations Program  
Vermont Agency of Agriculture, Food and Markets  
116 State Street  
Montpelier, VT 05620-2901